

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002006

1. Corporation Name

SUBACUTE CARE ASSOCIATES, INC.

Principal Place of Business

300 71ST STREET
SUITE 410
MIAMI BEACH FL 33141
US

Mailing Address

300 71ST STREET
SUITE 410
MIAMI BEACH FL 33141
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

KRAMER, PETER M
2934 REGATTA AVENUE
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0549799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FURLONG, ROBERT MD	300 71ST STREET, SUITE 410	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
TSD	FUNK, MORRIS	300 71ST STREET, SUITE 410	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
VD	KRAMER, PETER M	300 71ST STREET, SUITE 410	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Lubin, Daniel C.	1 Rockefeller Plaza Ste 920	New York, NY 10020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Strauss Daniel E.	411 Hackensack Ave - 7th FLR	Hackensack, NJ 07601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UT	Gutchevsky, Judith	210 N. University Drive - Ste 700	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP	Dollard, Virginia M	210 N. University Drive - Ste 700	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	Waxman, Albert	152 West 57th St - 33rd FLR	New York, NY 10019	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Davis, Jordan S.	1 Rockefeller Plaza - Ste 920	New York, NY 10020	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9/99 951 796 3625

0271816

CR2E034 (11/98)

P4500000020006
580680-90009-49

Block #13 Continued
Additions/Changes to Officers and Directors in 12

7.1 TITLE	VS
7.2 NAME	Bachman, Nancy
7.3 STREET ADDRESS	210 N. University Dr. - Ste. 700
7.4 CITY.ST.ZIP	Coral Springs, FL 33071